

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-012079

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 281

Primary Registration District No. —

Registrar's No. 409

VS 300
Rev. 4/59

6740

20030

3

40

51

6

70

80

9866X

1039

11074

1291-0

131-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Graham</u>		c. CITY OR TOWN <u>Tarkio</u>	
Length of stay in lb <u>5 min</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR MI. So. & 1 Mi. East INSTITUTION <u>of Graham</u>		d. STREET ADDRESS (If outside, give location) <u>902 Park</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Geroge Joseph Stevenson</u>		4. DATE OF DEATH Month Day Year <u>Apr. 4 1962</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>6/10/12</u>
9. AGE (last birthday) <u>49</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min. <u>9 24</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>banking</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>bank president</u>	
11. BIRTHPLACE (City and state or country) <u>Tarkio, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>	
13a. FATHER'S NAME <u>Geo. Stevenson</u>		13b. MOTHER'S MAIDEN NAME <u>Mae Gelvin</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes WW 2</u>	
16. SOCIAL SECURITY NO. <u>[redacted]</u>		17. INFORMANT Address <u>Mary Stevenson Tarkio, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Sudden Brain Ischemia</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Compartment fracture skull</u> DUE TO (c) <u>[redacted]</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Instant</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease, condition given in PART I (a) <u>Multiple internal & external injuries</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Airplane Crash.</u>	
20c. TIME OF INJURY Hour <u>—</u> Month, Day, Year p.m. <u>Apr 4, 62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office Bldg., etc.) <u>1 mile S.W. of Graham, Nodaway, Mo.</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Marxville, Mo.</u>	
21. I attended the deceased from <u>5:10</u> to <u>8</u> and last saw her alive on <u>Apr 4, 62</u> Death occurred at <u>5:10 P.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. J. Dylam</u>		22b. ADDRESS <u>Marxville, Mo.</u>	
22c. DATE SIGNED <u>4-6-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>4/4/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Home Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Tarkio Mo</u>		24. FUNERAL DIRECTOR ADDRESS <u>Davis Funeral Home Tarkio, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>4-6-62</u>		26. REGISTRAR'S SIGNATURE <u>Beas Bolt</u>	

JUL 25 1963

APR 16 1962

MAY 2 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John H. Davis

Licensed Embalmer No. 4069

P. O. Address Tarkio, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license)

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.